Children’s Food: Material and Discursive Contradictions

The ways in which these contradictions and ambiguities shape families’ eating habits have implications that go beyond the private sphere of the household. Recent rhetoric in children’s food policy resonates with political debates about class and the family in England that date back to the late 1990s (Dermott and Pomati 2016). In this context, good food in the early years becomes a contested category on a material level, and on a discursive level the concept of good food is inevitably tied to notions about “good parenting.” Food can cause physical harm, yet it can also be “socially dangerous” insofar as parents’ ability to make “good choices” largely impacts how they are viewed by official actors and by each other. Concurrently, whether or not they are perceived as able to make such decisions is largely linked to classed assumptions about what good parenting is.

One of my participants, a young, single mother living on benefits, said: “Lots of people judge you for being incapable of leading your own life… I think people look at me and probably think I don’t know how to cook and that I probably feed [my daughter] freezer food all day.”

Children’s health and parenting are deeply interrelated issues in U.K. policy (Macvarish, Lee, and Lowe 2014); (white) middle-class parenting practices are often portrayed as an ideal model, and are promoted in dietary interventions (O’Connell and Brannen 2016: 81–82). This approach has been criticized, as it “assumes parents are willing and able to prioritize nutrition” (ibid.), and portrays parenting “as the solution to social problems” so that the “role of material resources is downplayed” (Dermott and Pomati 2016: 125). This reinforces the notion that individual choice is ultimately one of the strongest determinants of health (Ulijaszek and McLennan 2016), framing those unable to make “healthy choices” as flawed and in need of intervention.

It is thus people’s perceived ability to make “healthy choices” that continues to necessitate interrogation, particularly in an advanced liberal society such as the U.K.’s: while the widely held assumption that everyone has equal access of opportunity remains, increasing rates of food poverty and widening health
inequalities suggest otherwise (Goisis, Sacker, and Kelly 2016; O’Connell et al. 2018). By a similar token, the power to contest official nutritional guidelines is not evenly held by all actors, and this is a particularly salient issue in a setting as diverse as London. For instance, middle-class mothers were more likely to voice their frustration with and dismissal of health advice they did not find useful, while working-class mothers, who might have been equally skeptical of certain recommendations, tended not to.

Ultimately, it is imperative to continue assessing how harmful assumptions about disadvantaged groups are perpetuated, and to challenge a rhetoric that centers on individual choice as a main determinant of health. Addressing these issues is crucial to understanding children’s food as a contested discourse, in which power relations and class dynamics are constantly being negotiated.

REFERENCES